



I recognize that, because of the potentially hazardous nature of this activity, an injury may be sustained. In the event of such an injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render treatment as would be normal and I agree to pay the usual charge for such treatment. I now release the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents and assigns from responsibility for any personal injuries to property caused by or having any relation to the activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors, and administrators. I understand that participants may be videotaped or photographed during this activity. I have read this release and all of its terms. I sign it voluntarily and with full knowledge of its significance.

[illegible]